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13 July 1970

MEMORANDUM FOR: Director of Medical Services

SUBJECT : Alcohol Program and Drug Problem

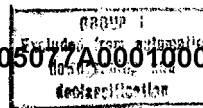
1. As requested, C/PS and I have met to review current practices in the management of alcohol cases and to discuss the question of existence of a "drug problem".

2. Basic to our thinking is the observation that Agency personnel and their dependents have no more or no less immunity to abuse or misuse of alcohol and drugs than any other segment of the American populace. There is the same effect on the Agency management, the individual employee, and his family in terms of impact on job proficiency, income, etc., as experienced in General Motors when an employee is no longer productive because of alcohol or drug abuse. There is only one major difference -- as far as the Agency is concerned -- and that is that we here work in a "security environment" whereas the employees of General Motors do not. The Agency does have employees who have problems with alcohol abuse; however, one psychiatric consultant [REDACTED] believes the rate here is less than he has experienced elsewhere.

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3. There is no formally structured, separately identified as such "Alcohol Program" in the Agency or OMS. Cases involving alcohol are handled through existing facilities as available in the Psychiatric Staff and the Clinical Division. These cases appear at OMS through various channels -- consultative services, fitness-for-duty, periodic reexaminations of various types, supervisor referral and occasionally self-referral. After evaluation here, appropriate disposition is made including referral for private treatment, conditional status with follow-up and medical disability retirement. The major gap existent in the Agency is the lack of consistent early identification of alcohol abuse. This is a management and supervisory responsibility primarily since it is this group in which awareness and wonderment about abuse is first apt to occur. There is no formally

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announced policy about alcohol abuse by management defining responsibilities, actions and attitudes on the part of management, employees and OMS. There is no formal education program for supervisors and employees on early identification of alcohol abuse. Efforts in the past by [REDACTED] appearing before a group at [REDACTED] and later before representatives of the Office of Security met with less than enthusiastic response. Whatever education is done now is done through the media of Trends and Highlights, Midcareer Course, Chiefs of Station Seminar and various other panels or groups on an infrequent and irregular basis.

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4. In regard to a drug problem recognition has been given to its existence by the establishment several years ago of criteria and guidelines for applicants for employment. Problem cases involving drugs have been seen with increasing frequency, but without exception thus far, this has been limited to abuse by minor dependent children.

25X1A Educational efforts are now ongoing under the supervision of [REDACTED]

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[REDACTED]
Assistant Director for
Clinical Activities

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